

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10574541 FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1-4 AMENDMENT		AFTER 2-4 AMENDMENT			AS FILED		AFTER 1-4 AMENDMENT		AFTER 2-4 AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.		←	11	←	11	←	12	←				←	←
TOTAL CLAIMS													